RESPONDING TO CHILD VICTIMS & WITNESSES OF FAMILY VIOLENCE

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CHILD VICTIMIZATION

"…the child's experience of violence is not only determined by the nature of the violence events, but by the child's own capacities to appraise and understand violence, to respond to and cope with danger, and [access to] environmental resources that offer protection and support"

Finkelhor & Kendall-Tackett, 1997

CHILD VICITIMIZATION

- Pervasive, recurrent, and multiple exposures in all social arenas
- Developmental, behavioral, emotional, academic, and social outcomes
- Underreported or not reported

CHILD VICTIMIZATION

Of 22.3 million children ages 12 – 17

- **1.8 million victims of serious sexual assault**
- **3.9 million victims of serious physical assault**
- **9 million witnesses of serious violence**

HOW VICTIMED?

Physical

Sexual

Partner violence (DV)

WHO VICTIMIZES?

- **Most likely—trusted adult, relative, family friend, or caretaker**
- **6-16% CSXA committed by parental figures**

PHYSICAL ABUSE

Nonaccidental physical injury of a child 18 yrs or younger by or allowed by a primary or temporary caregiver which creates substantial risk of harm, disfigurement, impairment of bodily function, or death

PHYSICAL ABUSE

- Estimated 1400 fatal cases a year
- Substantial costs—medical care, special education, and foster care
- Majority of fatal head injuries inflicted by caregiver
- Children under age 4 receive 60% of major injuries by caregivers

CHILD FATALITIES

- 1200 child fatalities in 2000
- Child Fatality Review Teams
- 44% under age 1
- 85% under age 6
- Parents/relatives usual suspects
- No single profile

  Young, no HS diploma, poor, depressed

  Poor coping skills, unemployed

RED FLAGS

- Delays seeking medical txmt
- Hx injuries—different causes
- Explanation inconsistent w/child's age/development/abilities
- Patterned injuries
- Admission by parent/caretaker
- School/Daycare absences

NEGLECT

- Primary reason for foster care placement
- Leaving children unattended
- Improper care & supervision
- Ignoring emotional & developmental needs
- Failure to seek medical treatment

SEXUAL ABUSE

- When an adult, authority figure, or significantly older child engages a child in activities for **sexual gratification**
- **Touching**—fondling, masturbation, intrusive behaviors, penetration
- **Non-touching**—pornography, exposing genitalia, photography, exploitation, voyeurism

SEXUAL ABUSE

- 1 in 4 children have or will be a victim of CSXA
- Incest is most common type
- Girls victimized 3x more than boys
- Most younger than 8 yrs at onset

PARTNER VIOLENCE

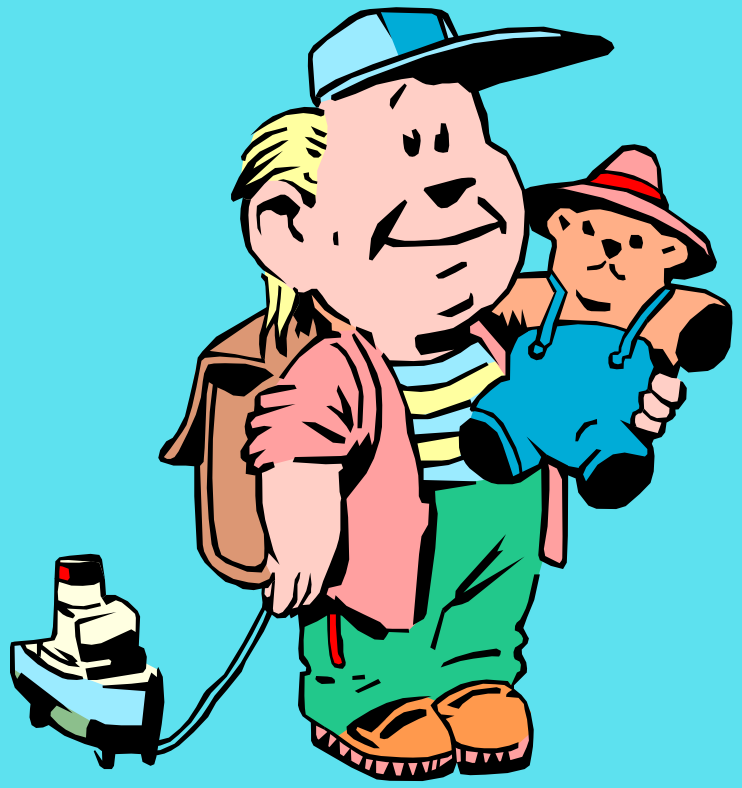
Pattern of behavior used to establish power and control over another person through fear and intimidation—threats or violence

- **Emotional**
- **Economic**
- **Sexual**
- **Using children**
- **Threats**
- **Male Privilege**
- **Intimidation**
- **Isolation**

PARTNER VIOLENCE

- Each year more than 10 million children witness family violence
- 70% of men who batter either physically or sexually abuse their children
- Attempts to intervene leads to injury
- Negative emotional, social and developmental outcomes

RISKS OF DV



- Child Abuse
- Child Abduction
- Witnessing violence
- Lethal violence (Death)
- Murder/Suicide

PARENTAL FACTORS

- Less social interaction
- Fewer positive behaviors
- Less emotionally responsive
- More controlling, interfering, and hostile

INTERGENERATIONAL TRANSMISSION

Aggressive, antisocial behavior

Disciplinary practices

Responsive parenting

"BREAKING THE CYCLE"

Interpersonal relationships

Extensive social supports

Conscious effort

CHILD FACTORS

Age

Physical Health

Behavior

FAMILY RISK FACTORS

- Parental Absence or Unavailability
- Family Sexual Environment
- Parental Favoritism
- Rigid Gender Roles
- Secrecy
- Coercion & Force
- Lack of supervision
- Power imbalances
- Violation of physical & psychological space
- Differential treatment
- Sexism & Pornography

ABUSE DYNAMICS

- Intra v. Extrafamilial
- Delayed v. Immediate
- Victim/perp relations
- Victim/perp age
- Victim/perp gender
- Age of onset
- Type of abuse
- Frequency & Duration
- Use of coercion/threats
- Non-offending parent
- Offender response
- Family response
- Extended family
- Police involvement
- Incarceration
- Prosecution
- Media

CHILD SEX ABUSE

- Most controversial
- Delayed reporting
- No physical evidence
- Negative child/family outcomes
- Racial/socioeconomic/ethnic/religious boundaries

CHILD SEX ABUSE DYNAMICS

INTRAFAMILIAL

THE PARTICIPANTS

- Victims
- Offenders
- Mothers

THE VICTIMS

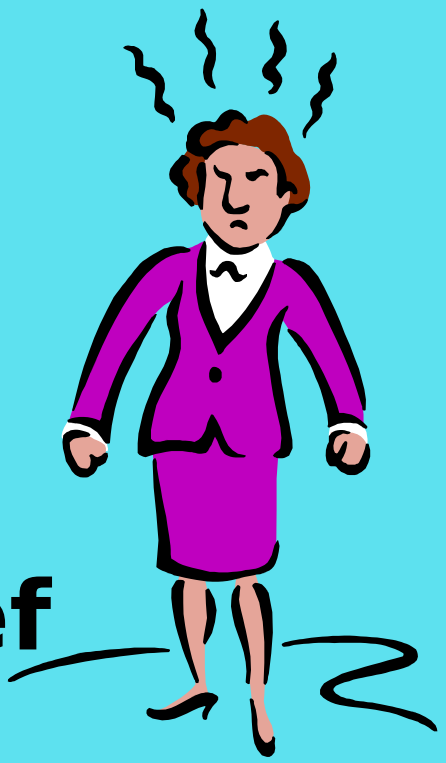
- Dependent, authoritative relationship
- Role reversal
- Socially isolated
- Secrecy—Threats/Coercion
- Internal conflict---family vs. self
- Accommodation
- Fear of disclosure vs. risk to siblings

THE OFFENDERS

- No profile
- Rapist
- Molester
  - Preferential
  - Situational

THE MOTHERS

- Non-offending parents
- Not always aware
- Hx victimization (child or adult)
- Belief vs. Disbelief



HOW CHILDREN TELL

Disclosure is a process, not an event

Sorenson & Snow, 1991

DISCLOSURE PROCESS

Denial

Disclosure

Recantation

Reaffirmation

Sorenson & Snow, 1991

Developmental Level	Method of Disclosure	Catalyst for Disclosure
Preschool	Spontaneous Accidental	Proximity Sexualized behavior Inappropriate statement
S[illegible]-	Accidental Purposeful	Proximity Sexualized behavior Inappropriate statement Friend Educational Programs
Adolescence	Purposeful	Proximity Anger

THE INTERVIEW

- ASAP
- Child-friendly environment
- Forensic in nature
- Most qualified professional
- Explore reasonable explanations
- Assess family environment
- Explore abusive experiences

Interview Protocol

- Introduction
- Truth & Lie
- Ground Rules
- Practice Interview
- Introducing the Topic
- Free Narrative
- Questioning & Clarification
- Closure

POST-DISCLOSURE

- Foster care
- Incarceration
- Family/Marital Discord
- Financial difficulties
- Shame/Guilt
- Unwanted attention
- Unsupportive non-offending parent
- Job jeopardy/loss
- Police/CPS/Legal Involvement

CSXA EFFECTS

- Anxiety
- Low self-esteem
- Self-blame/Guilt
- Preoccupation w/ abuse
- Intrusive thoughts
- Depression
- Fears
- Sleep disturbances
- Withdrawal
- Regressive behaviors
- Sexualized behaviors
- Defiance
- Shame
- Flashbacks
- Psychosomatic
- None

WHAT VICTIMS NEED

- Feel SAFE
- Reassurance--not their fault
- Empowerment
- Positive sense of self
- Supportive relationships
- Sibling safety

- Adaptive methods of alleviating anxiety & fears
- Social acceptance
- Commonalities —”not only one”
- Positive body image—”not damaged goods”
- “What’s next?”

HOW WE RESPOND

- Reporting
- Investigation
- Therapy
- Supportive Svcs

RECOMMENDATIONS

- Therapy
- New Parent Support
- Parenting skills
- SA Assessment
- Risk Assessment
- Behavioral Mod
- Financial Counseling
- Safety planning
- MPO/CPO
- Supervised visits
- Evidence gathering
- Mediation
- ID other victims
- Interviews
- Medical Exams
- Child Pornography

TEAM INVESTIGATION

- CPS/FAP
- LE—Civilian CID/NCIS/OSI
- Prosecutor
- Medical Professional
- MH Professional
- Victim Advocate
- Command Rep
- JAG
- CPS Attorney

PURPOSE

- Maximize skillful interviewing
- Eliminate duplication of efforts
- Proper & expedient collection of physical evidence
- Reduce secondary trauma
- Best interest for child & family

COORDINATED COMMUNITY EFFORT

Multidisciplinary response

Open communication

Supportive services

Follow-up Services

SUPPORTIVE SERVICES

- Commands
- FAP
- Therapeutic
  - Indv, Group, Family, Play
- Victim Advocate Services
- NPS/Parenting Classes
- Community/Social Support
  - Family/Friends
  - Support Groups
  - Church/Civic Organizations

Questions

The End